Utah State Tax Commission

Application For Motor Vehicle Business License

TC-758 Rev. 9/00

Complete entire form and return it to the Motor Vehicle Enforcement Division, 210 North 1950 West, Salt Lake City, Utah 84134, telephone (801) 297-2600.

License type								Γ	\Box :	Salvage	Buyer's Business Lice	ense	
Business organization				Manufacture (\$100)				Γ	Π,	Renewal (\$)			
Sole Proprietorship LLC				Dismantler (\$100)				Γ	\neg		change		
Partnership LLP			•	Distributor (\$60)				Ī		Name c	_		
				Transporter (\$50)				t	\neg	Off-site	=		
Corporation Trust Fund				Crusher (\$100)			F				S25)		
Company Information						ι (φι	00)			Addition	Iai Lut # (\	123)	
Company Information Company name								Licens	e nu	mher			
Company name								Liceria	Election Hamber				
Address				Te				Teleph	Telephone number				
City				State			ZIP code						
Ownership													
Name			Title			Date of birth				Home telephone number			
Home address			City					State			ZIP code		
Hair color	Color of eyes Height		t. Ir	Veight		C	Sender Ma	ale Female		SSN			
Name		-t. In. Title				Date of birth				Home telephone number			
Home address			City				State				ZIP code		
Hair color	Color of eyes	Height			Weight			Gender Male Fema			SSN		
Name		F	Ft. Ir Title	۱.			Date of birt		ie _		ale Home telephone numb	er	
Home address			City					State ZI			ZIP code		
Hair color	r color Color of eyes Height		Weight				Gender Male		Fem	SSN			
Off-site (complete this s	t. In.					.0 _							
Include a photograph of													
Address	the on-site sale sign w	IIII EACH	аррисации				Date of sale						
Addiess						Start				End			
City			State	State							Telephone number		
Additional Place or Add	ress Change (complete	this secti	ion with NEW	loc	ation in	form	ation only)						
Address	g- (, , , , , , , , , , , , , , , , , , ,						
City	State			ZIP Code				Telephone number					
I hereby apply for of this li I further certify that my bu Title 41 Chapter 3 of the U	isiness, as described her					/Eirm	n name)						
STATE OF UTAH	J. 100 100				,	(11111	i iiaiiie)						
County of					-								
, .					;	Signa	ature (must l	be sign	ed by	owner,	partner, or corporate of	officer)	
Title of signer					-	Print name of signer							
Subscribed and sworn to before me this				day of							, 20		
My Commission Expires					_								
,						(Nota	ary Public)						